

B1 (Official Form 1) (4/10)

United States Bankruptcy Court Western District of Oklahoma						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Herrera, Reymundo				Name of Joint Debtor (Spouse) (Last, First, Middle): Herrera, Margie			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9588				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7774			
Street Address of Debtor (No. & Street, City, State & Zip Code): 2413 Southeast 45th Street Oklahoma City, OK				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 2413 Southeast 45th Street Oklahoma City, OK			
ZIPCODE 73129				ZIPCODE 73129			
County of Residence or of the Principal Place of Business: Oklahoma				County of Residence or of the Principal Place of Business: Oklahoma			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIPCODE							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Herrera, Reymundo & Herrera, Margie**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)Location
Where Filed: **None**

Case Number:

Date Filed:

Location
Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

None

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

X /s/ L. David McBride

Signature of Attorney for Debtor(s)

5/11/11

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Herrera, Reymundo & Herrera, Margie**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Reymundo Herrera

Signature of Debtor

Reymundo Herrera

X /s/ Margie Herrera

Signature of Joint Debtor

Margie Herrera

Telephone Number (If not represented by attorney)

May 11, 2011

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ L. David McBride

Signature of Attorney for Debtor(s)

**L. David McBride 17095
McBride & Assoc, P.C.
3035 Northwest 63rd St. Ste 229
Oklahoma City, OK 73116
(405) 842-7626 Fax: (405) 842-0787
david@okbankruptcy.com**

May 11, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, ReymundoChapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Reymundo Herrera

Date: May 11, 2011

Certificate Number: 00134-OKW-CC-014708850



00134-OKW-CC-014708850

CERTIFICATE OF COUNSELING

I CERTIFY that on May 1, 2011, at 8:47 o'clock PM PDT, Reymundo Herrera, Jr. received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 1, 2011 By: /s/Elliot Olson

Name: Elliot Olson

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, MargieChapter **13**

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Margie Herrera

Date: May 11, 2011

Certificate Number: 00134-OKW-CC-014708849



00134-OKW-CC-014708849

CERTIFICATE OF COUNSELING

I CERTIFY that on May 1, 2011, at 8:47 o'clock PM PDT, Margie Herrera received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 1, 2011 By: /s/Elliot Olson

Name: Elliot Olson

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, Reymundo & Herrera, MargieChapter **13**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Herrera, Reymundo & Herrera, Margie

Printed Name(s) of Debtor(s)

X /s/ Reymundo Herrera

Signature of Debtor

5/11/2011

Date

Case No. (if known) _____

X /s/ Margie Herrera

Signature of Joint Debtor (if any)

5/11/2011

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B22C (Official Form 22C) (Chapter 13) (12/10)In re: **Herrera, Reymundo & Herrera, Margie**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ The applicable commitment period is 3 years.☒ The applicable commitment period is 5 years.☒ Disposable income is determined under § 1325(b)(3).☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.		Column A Debtor's Income	Column B Spouse's Income	
	a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.				
All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 5,918.49	\$	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts			\$
	b.	Ordinary and necessary operating expenses			\$
	c.	Business income			Subtract Line b from Line a
			\$	\$	
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.				
	a.	Gross receipts			\$
	b.	Ordinary and necessary operating expenses			\$
	c.	Rent and other real property income			Subtract Line b from Line a
			\$	\$	
5	Interest, dividends, and royalties.		\$	\$	
6	Pension and retirement income.		\$	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$	\$	

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8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.		\$	
	b.		\$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		\$ 5,918.49	\$
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$ 5,918.49	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.		\$ 5,918.49
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		\$
	b.		\$
	c.		\$
	Total and enter on Line 13.		\$ 0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$ 5,918.49
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.		\$ 71,021.88
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: <u>Oklahoma</u> b. Enter debtor's household size: <u>2</u>		\$ 49,711.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.		
	<input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.		
	<input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.		

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

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18	Enter the amount from Line 11.			\$ 5,918.49																								
19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 19.</p>			a.		\$	b.		\$	c.		\$	\$ 0.00															
a.		\$																										
b.		\$																										
c.		\$																										
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			\$ 5,918.49																								
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			\$ 71,021.88																								
22	Applicable median family income. Enter the amount from Line 16.			\$ 49,711.00																								
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p>																											
Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)																												
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																												
24A	<p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>			\$ 985.00																								
24B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">60.00</td> <td style="text-align: center;">a2.</td> <td>Allowance per person</td> <td style="text-align: right;">144.00</td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of persons</td> <td style="text-align: right;">2</td> <td style="text-align: center;">b2.</td> <td>Number of persons</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td style="text-align: right;">120.00</td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>			Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	60.00	a2.	Allowance per person	144.00	b1.	Number of persons	2	b2.	Number of persons	0	c1.	Subtotal	120.00	c2.	Subtotal	0.00	\$ 120.00
Persons under 65 years of age			Persons 65 years of age or older																									
a1.	Allowance per person	60.00	a2.	Allowance per person	144.00																							
b1.	Number of persons	2	b2.	Number of persons	0																							
c1.	Subtotal	120.00	c2.	Subtotal	0.00																							

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25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.		\$ 423.00	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.		\$ 737.00	
	a.	IRS Housing and Utilities Standards; mortgage/rental expense		\$ 737.00
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47		\$
	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$ 737.00
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:		\$	
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$ 488.00	
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		\$	

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28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" data-bbox="191 424 1328 592"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> <td>47.28</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	496.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	47.28	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$ 448.72
a.	IRS Transportation Standards, Ownership Costs	\$	496.00											
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	47.28											
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a												
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1" data-bbox="191 840 1328 1008"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> <td>373.88</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	496.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	373.88	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$ 122.12
a.	IRS Transportation Standards, Ownership Costs	\$	496.00											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	373.88											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a												
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 1,247.14												
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$ 56.81												
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$												
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.</p>	\$												
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$												
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$												
36	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.</p>	\$												
37	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$												

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38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$ 4,627.79									
<p align="center">Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 24-37</p>											
39	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$ 254.13</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 39</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$ 254.13	b.	Disability Insurance	\$	c.	Health Savings Account	\$	<p>\$ 254.13</p>
a.	Health Insurance	\$ 254.13									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$									
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$									
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$ 254.13									

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47	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Credit Acceptance</td> <td>Automobile (1)</td> <td style="text-align: right;">\$ 47.28</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Santander Consumer Usa</td> <td>Automobile (2)</td> <td style="text-align: right;">\$ 373.88</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Santander Consumer Usa</td> <td>2007 Chrysler Pacifica</td> <td style="text-align: right;">\$ 274.18</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td colspan="2"></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Credit Acceptance	Automobile (1)	\$ 47.28	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	Santander Consumer Usa	Automobile (2)	\$ 373.88	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.	Santander Consumer Usa	2007 Chrysler Pacifica	\$ 274.18	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Total: Add lines a, b and c.					\$ 695.34
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																										
a.	Credit Acceptance	Automobile (1)	\$ 47.28	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
b.	Santander Consumer Usa	Automobile (2)	\$ 373.88	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
c.	Santander Consumer Usa	2007 Chrysler Pacifica	\$ 274.18	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
Total: Add lines a, b and c.																														
48	<p>Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	Total: Add lines a, b and c.				\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																											
a.			\$																											
b.			\$																											
c.			\$																											
Total: Add lines a, b and c.																														
49	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.</p>				\$																									
50	<p>Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 40%; text-align: right;">\$ 341.23</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: right;">X 3.9%</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>				a.	Projected average monthly Chapter 13 plan payment.	\$ 341.23	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X 3.9%	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 13.31																
a.	Projected average monthly Chapter 13 plan payment.	\$ 341.23																												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X 3.9%																												
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																												
51	<p>Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.</p>				\$ 708.65																									
Subpart D: Total Deductions from Income																														
52	<p>Total of all deductions from income. Enter the total of Lines 38, 46, and 51.</p>				\$ 5,590.57																									

B22C (Official Form 22C) (Chapter 13) (12/10)

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$ 5,918.49															
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$															
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$															
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$ 5,590.57															
57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</p> <table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b, and c</td> <td>\$</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.		\$	b.		\$	c.		\$	Total: Add Lines a, b, and c		\$	\$
	Nature of special circumstances	Amount of expense															
a.		\$															
b.		\$															
c.		\$															
Total: Add Lines a, b, and c		\$															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$ 5,590.57															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ 327.92															

Part VI. ADDITIONAL EXPENSE CLAIMS

60	<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td>\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	Total: Add Lines a, b and c		\$
	Expense Description	Monthly Amount														
a.		\$														
b.		\$														
c.		\$														
Total: Add Lines a, b and c		\$														

Part VII. VERIFICATION

61	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: May 11, 2011 Signature: /s/ Reymundo Herrera (Debtor)</p> <p>Date: May 11, 2011 Signature: /s/ Margie Herrera (Joint Debtor, if any)</p>
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**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, Reymundo & Herrera, MargieChapter **13**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ **1,275.00**

Balance Due \$ **2,225.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Fee SHALL NOT include representation in the reaffirmation of any debt, including negotiations, preparation of filings, or court proceedings of any nature.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 11, 2011

Date

/s/ L. David McBride

L. David McBride 17095
 McBride & Assoc, P.C.
 3035 Northwest 63rd St. Ste 229
 Oklahoma City, OK 73116
 (405) 842-7626 Fax: (405) 842-0787
 david@okbankruptcy.com

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, Reymundo & Herrera, Margie

Chapter **13**

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 34,800.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 41,721.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 47,044.86	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 4,290.54
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,925.00
TOTAL		18	\$ 34,800.00	\$ 88,765.86	

United States Bankruptcy Court
Western District of Oklahoma

IN RE: _____ Case No. _____
Herrera, Reymundo & Herrera, Margie _____ Chapter 13
Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,290.54
Average Expenses (from Schedule J, Line 18)	\$ 2,925.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 5,918.49

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 8,884.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 47,044.86
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 55,928.86

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking account at TFCU	J	200.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	Household furnishings	J	1,000.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Books, pictures, compact discs	J	300.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Clothing	J	300.00
6. Wearing apparel.				
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Ford F150 115,000	J	3,000.00
		2007 Chrysler Pacifica 69,000 miles	J	13,500.00
		2008 Ford F150 115,000 miles	J	16,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				34,800.00

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

Case No. _____

(If known)

☐ Check if debtor claims a homestead exemption that exceeds \$146,450. *

☒ 11 U.S.C. § 522(b)(3)

* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 4074035 Credit Acceptance Po Box 513 Southfield, MI 48037	J	Installment account opened 2006-07-25 2002 Ford F-150 VALUE \$ 3,000.00				2,837.00	
ACCOUNT NO. 30000165609261000 Santander Consumer Usa 8585 N Stemmons Fwy Ste Dallas, TX 75247	J	Installment account opened 2010-02-09 2008 Ford F150 VALUE \$ 16,500.00				22,433.00	5,933.00
ACCOUNT NO. 30000165099391000 Santander Consumer Usa 8585 N Stemmons Fwy Ste Dallas, TX 75247	J	Installment account opened 2007-12-08 2007 Chrysler Pacifica VALUE \$ 13,500.00				16,451.00	2,951.00
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 41,721.00	\$ 8,884.00
Total (Use only on last page)						\$ 41,721.00	\$ 8,884.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Herrera, Reymundo & Herrera, Margie

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 01 Meadowood Village	H	Open account opened 2006-04				910.00
ACCOUNT NO. Credit Servi (original Creditor:01 Pob 60566 Oklahoma City, OK 73146		Assignee or other notification for: 01 Meadowood Village				
ACCOUNT NO. 3490134478 Aargon Agency Inc (original Credito 3025 W Sahara Ave Las Vegas, NV 89102	W	Installment account opened 2008-10-26				31.00
ACCOUNT NO. Columbia House	H	Open account opened 2010-06-03				88.00

6 continuation sheets attached	Subtotal (Total of this page)	\$ 1,029.00
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Torres Credit Srv (original Credito 27 Fairview St Ste 301 Carlisle, PA 17015		Assignee or other notification for: Columbia House				
ACCOUNT NO. 70285 Continental C/o Security Finan Pob 3146 Spartanburg, SC 29304	H	Installment account opened 2010-08				1,080.00
ACCOUNT NO. David Stanley Dodge	H	Open account opened 2007-12-08				1,575.00
ACCOUNT NO. Tridentasset.com (original Creditor 5755 Northpoint Pkwy Ste Alpharetta, GA 30022		Assignee or other notification for: David Stanley Dodge				
ACCOUNT NO. 5178007801481086 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104	H	Revolving account opened 2009-03-04				462.00
ACCOUNT NO. Integris Southwest Med Ctr-11	H	Installment account opened 2007-11-28				38.00
ACCOUNT NO. Tulsa Adjustment Burea (original Cr 1754 Utica Sq # 283 Tulsa, OK 74114		Assignee or other notification for: Integris Southwest Med Ctr-11				

Sheet no. 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,155.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. International Portfolios Hma F	H	Installment account opened 2009-04-27				1,064.00
ACCOUNT NO. Aargon Agency Inc (original Credito 3025 W Sahara Ave Las Vegas, NV 89102		Assignee or other notification for: International Portfolios Hma F				
ACCOUNT NO. Intl. Portfolio / Hma	W	Installment account opened 2008-10-26				31.00
ACCOUNT NO. Aargon Agency Inc (original Credito 3025 W Sahara Ave Las Vegas, NV 89102		Assignee or other notification for: Intl. Portfolio / Hma				
ACCOUNT NO. 100000001838700001 Mcs 4245 E.little Creek Rd Norfolk, VA 23518	H	Installment account opened 2009-10				826.00
ACCOUNT NO. Medical	W	Open account opened 2007-07				90.00
ACCOUNT NO. Arnoldharris (original Creditor:med 600 West Jackson Suite 710 Chicago, IL 60661		Assignee or other notification for: Medical				

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,011.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Norman Regional Hospital	H	Installment account opened 2009-07-17				59.00
ACCOUNT NO. Progressive Mgmt Syste (original Cr 1521 W Cameron Ave Fl 1 West Covina, CA 91790		Assignee or other notification for: Norman Regional Hospital				
ACCOUNT NO. Norstar Emergency Physicians 901 N Porter Avenue Norman, OK 73071	H	Open account opened 2008-10-31				500.00
ACCOUNT NO. Cmre Financial Svcs In (original Cr 3075 E Imperial Hwy Ste Brea, CA 92821		Assignee or other notification for: Norstar Emergency Physicians				
ACCOUNT NO. 4057310010446679 Plains Commerce Bank 5109 S Broadband Ln Sioux Falls, SD 57108	W	Revolving account opened 2006-09-13				456.00
ACCOUNT NO. 10033 Plaza Fin-dc 4646 Se 29th Del City, OK 73115	H	Installment account opened 2000-02				419.00
ACCOUNT NO. Professional Insurance Agency	J					1,365.86

Sheet no. 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,799.86**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
 Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. H & H Legal Support Services Scott Suchy P O Box 720066 Oklahoma City, OK 73172		Assignee or other notification for: Professional Insurance Agency				
ACCOUNT NO. 2922943 Pssf Inc 4000 S Eastern Ave Ste 3 Las Vegas, NV 89119	H	Installment account opened 2009-01-21				802.00
ACCOUNT NO. 268197301 Regional Acceptance Co 1420 E Fire Tower Rd Ste Greenville, NC 27858	J	Installment account opened 2006-04-24				20,364.00
ACCOUNT NO. T-mobile P O Box 660252 Dallas, TX 75266-0252	W	Open account opened 2009-09-29				425.00
ACCOUNT NO. Debt Recovery Solution (original Cr 900 Merchants Concourse Westbury, NY 11590		Assignee or other notification for: T-mobile				
ACCOUNT NO. Tmobile Tmobile Bankruptcy Team P.O. Box 53410 Bellevue, WA 98015	J					unknown
ACCOUNT NO. Total Card	W	Open account opened 2007-06-29				487.00

Sheet no. 4 of 6 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **22,078.00**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Zenith Acquisition C (original Cred 170 North Pointe Parkway Amherst, NY 14228		Assignee or other notification for: Total Card				
ACCOUNT NO. 11239 United Fin 4640 Se 29th St Del City, OK 73115	H	Installment account opened 1999-12				430.00
ACCOUNT NO. Unknown	H	Unknown account opened 2009-07				59.00
ACCOUNT NO. Unknown (original Creditor:unknown)		Assignee or other notification for: Unknown				
ACCOUNT NO. Unknown	H	Unknown account opened 2008-12				50.00
ACCOUNT NO. Unknown (original Creditor:unknown)		Assignee or other notification for: Unknown				
ACCOUNT NO. 4524395881 Us Dept Of Education Po Box 5609 Greenville, TX 75403	H	Installment account opened 2010-08-30				13,926.00

Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **14,465.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. West Bay Acquis	W	Open account opened 2010-04				57.00
ACCOUNT NO. National Recovery (original Credito 4201 Crums Mill Rd Harrisburg, PA 17112		Assignee or other notification for: West Bay Acquis				
ACCOUNT NO. 61604799001 World Accept 4724 Se 29th Del City, OK 73115	H	Installment account opened 2010-08				1,450.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 6 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,507.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$ **47,044.86**

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE Herrera, Reymundo & Herrera, Margie

Debtor(s)

Case No. _____

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Herrera, Reymundo & Herrera, Margie

Case No. _____

Debtor(s)

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	Department Of Defense 26 years Oklahoma City, OK	unemployed

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ 5,267.20	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

3. SUBTOTAL

\$ 5,267.20	\$ 0.00
--------------------	----------------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and Social Security

\$ 1,079.16	\$ _____
--------------------	----------

b. Insurance

\$ 245.06	\$ _____
------------------	----------

c. Union dues

\$ 52.44	\$ _____
-----------------	----------

d. Other (specify) _____

\$ _____	\$ _____
----------	----------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,376.66	\$ 0.00
--------------------	----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,890.54	\$ 0.00
--------------------	----------------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance

\$ _____	\$ _____
----------	----------

(Specify) _____

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

\$ _____	\$ _____
----------	----------

(Specify) **Family Contribution**

\$ 400.00	\$ _____
------------------	----------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 400.00	\$ _____
------------------	----------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 4,290.54	\$ 0.00
--------------------	----------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 4,290.54

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Debtor's income will decrease by 7.5% due to change from Night Shift to Day Shift beginning in May.

IN RE Herrera, Reymundo & Herrera, Margie

Case No. _____

Debtor(s)

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>725.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>200.00</u>
b. Water and sewer	\$ <u>100.00</u>
c. Telephone	\$ <u>200.00</u>
d. Other <u>Cable/Internet</u>	\$ <u>100.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>70.00</u>
4. Food	\$ <u>400.00</u>
5. Clothing	\$ <u>100.00</u>
6. Laundry and dry cleaning	\$ <u>50.00</u>
7. Medical and dental expenses	\$ <u>120.00</u>
8. Transportation (not including car payments)	\$ <u>500.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ <u>260.00</u>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other _____	\$ _____
	\$ _____
	\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,925.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ <u>4,290.54</u>
b. Average monthly expenses from Line 18 above	\$ <u>2,925.00</u>
c. Monthly net income (a. minus b.)	\$ <u>1,365.54</u>

IN RE Herrera, Reymundo & Herrera, Margie Case No. _____
Debtor(s) (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: May 11, 2011 Signature: /s/ Reymundo Herrera
Reymundo Herrera Debtor

Date: May 11, 2011 Signature: /s/ Margie Herrera
Margie Herrera (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:

Case No. _____

Herrera, Reymundo & Herrera, MargieChapter **13**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
16,329.64	YTD Income
80,426.00	2010 Income
90,406.00	2009 Income

2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☒ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Professional Insurance Agency Corp of Oklahoma, dba PIC/MW vs. Reymundo Herrera (SC-2011-3664)	Collections	District Court of Oklahoma County	Garnishment

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
McBride & Assoc, P.C. 3035 Northwest 63rd St. Ste 229		1,250.00

Oklahoma City, OK 73116**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Tinker Federal Credit Union Oklahoma City, OK	Checking	\$5.00/July 2010

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.
- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.
- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.
- If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.
- If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: May 11, 2011 Signature /s/ Reymundo Herrera
of Debtor **Reymundo Herrera**

Date: May 11, 2011 Signature /s/ Margie Herrera
of Joint Debtor **Margie Herrera**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

United States Bankruptcy Court
Western District of Oklahoma

IN RE:

Case No. _____

Herrera, Reymundo & Herrera, Margie

Chapter **13**

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **May 11, 2011**

Signature: **/s/ Reymundo Herrera**
Reymundo Herrera

Debtor

Date: **May 11, 2011**

Signature: **/s/ Margie Herrera**
Margie Herrera

Joint Debtor, if any

AARGON AGENCY INC (ORIGINAL CREDITO
3025 W SAHARA AVE
LAS VEGAS NV 89102

ARNOLDHARRIS (ORIGINAL CREDITOR:MED
600 WEST JACKSON SUITE 710
CHICAGO IL 60661

CMRE FINANCIAL SVCS IN (ORIGINAL CR
3075 E IMPERIAL HWY STE
BREA CA 92821

CONTINENTAL
C/O SECURITY FINAN POB 3146
SPARTANBURG SC 29304

CREDIT ACCEPTANCE
PO BOX 513
SOUTHFIELD MI 48037

CREDIT SERVI (ORIGINAL CREDITOR:01
POB 60566
OKLAHOMA CITY OK 73146

DEBT RECOVERY SOLUTION (ORIGINAL CR
900 MERCHANTS CONCOURSE
WESTBURY NY 11590

FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS SD 57104

H & H LEGAL SUPPORT SERVICES
SCOTT SUCHY
P O BOX 720066
OKLAHOMA CITY OK 73172

INTERNAL REVENUE SERVICE
P O BOX 21126
PHILADELPHIA PA 19114

MCS
4245 ELITTLE CREEK RD
NORFOLK VA 23518

NATIONAL RECOVERY (ORIGINAL CREDITO
4201 CRUMS MILL RD
HARRISBURG PA 17112

NORSTAR EMERGENCY PHYSICIANS
901 N PORTER AVENUE
NORMAN OK 73071

OKLAHOMA TAX COMMISSION
PO BOX 269060
OKLAHOMA CITY OK 73126-9060

PLAINS COMMERCE BANK
5109 S BROADBAND LN
SIOUX FALLS SD 57108

PLAZA FIN-DC
4646 SE 29TH
DEL CITY OK 73115

PROGRESSIVE MGMT SYSTE (ORIGINAL CR
1521 W CAMERON AVE FL 1
WEST COVINA CA 91790

PSSF INC
4000 S EASTERN AVE STE 3
LAS VEGAS NV 89119

REGIONAL ACCEPTANCE CO
1420 E FIRE TOWER RD STE
GREENVILLE NC 27858

SANTANDER CONSUMER USA
8585 N STEMMONS FWY STE
DALLAS TX 75247

T-MOBILE
P O BOX 660252
DALLAS TX 75266-0252

TMOBILE
TMOBILE BANKRUPTCY TEAM
PO BOX 53410
BELLEVUE WA 98015

TORRES CREDIT SRV (ORIGINAL CREDITO
27 FAIRVIEW ST STE 301
CARLISLE PA 17015

TRIDENTASSETCOM (ORIGINAL CREDITOR
5755 NORTHPOINT PKWY STE
ALPHARETTA GA 30022

TULSA ADJUSTMENT BUREA (ORIGINAL CR
1754 UTICA SQ # 283
TULSA OK 74114

UNITED FIN
4640 SE 29TH ST
DEL CITY OK 73115

US DEPT OF EDUCATION
PO BOX 5609
GREENVILLE TX 75403

WORLD ACCEPT
4724 SE 29TH
DEL CITY OK 73115

ZENITH ACQUISITION C (ORIGINAL CRED
170 NORTH POINTE PARKWAY
AMHERST NY 14228

**United States Bankruptcy Court
Western District of Oklahoma**

IN RE:**Herrera, Reymundo & Herrera, Margie**

Debtor(s)

Case No. _____

Chapter **13**

PAY ADVICE COVERSHEET

The attached pay information is filed on behalf of the debtors. The pay advices were received as follows:

Employer	Beginning Date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filed on the **11th** Day of **May**, **2011**

By: /s/ L. David McBride
(signature)

L. David McBride
McBride & Assoc, P.C.
3035 Northwest 63rd St. Ste 229
Oklahoma City, OK 73116
(405) 842-7626

Printed Name, Address, Phone

☒ Attorney for Debtor(s) OBA# **17095**

☐ Pro se debtor

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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL						1. Pay Period End 01/29/11																								
						2. Pay Date 02/04/11																								
3. Name HERRERA REYMUNDO	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.22	6. Basic OT Rate 39.33	7. Basic Pay + Locality Adj = Adjusted Basic Pay																										
8. Soc Sec No ***-**-9588	9. Locality %	10. FLSA Category N	11. SCD Leave 12/12/84	12. Max Leave Carry Over 240	13. Leave Year End 12/31/11																									
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment #2																										
17. Tax Marital Exemptions Add'l FED M 2 0 OK H 0 25	18. Tax Marital Exemptions Add'l Taxing Authority Status			19. Cumulative Retirement FERS: 5109.06	20. Military Deposit																									
21. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Current</th> <th style="text-align: right;">Year to Date</th> </tr> </thead> <tbody> <tr> <td>GROSS PAY</td> <td style="text-align: right;">2751.56</td> <td style="text-align: right;">7322.12</td> </tr> <tr> <td>TAXABLE WAGES</td> <td style="text-align: right;">2629.03</td> <td style="text-align: right;">6968.15</td> </tr> <tr> <td>NONTAXABLE WAGES</td> <td style="text-align: right;">122.53</td> <td style="text-align: right;">353.97</td> </tr> <tr> <td>TAX DEFERRED WAGES</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIONS</td> <td style="text-align: right;">971.65</td> <td style="text-align: right;">2660.79</td> </tr> <tr> <td>AEIC</td> <td></td> <td></td> </tr> <tr> <td>NET PAY</td> <td style="text-align: right;">1779.91</td> <td style="text-align: right;">4661.33</td> </tr> </tbody> </table>				Current	Year to Date	GROSS PAY	2751.56	7322.12	TAXABLE WAGES	2629.03	6968.15	NONTAXABLE WAGES	122.53	353.97	TAX DEFERRED WAGES			DEDUCTIONS	971.65	2660.79	AEIC			NET PAY	1779.91	4661.33	22.			
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CURRENT EARNINGS																														
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT																						
REGULAR PAY	80.00	2097.60	OVERTIME	10.00	422.10	SECOND SHIFT	80.00	157.60																						
ENVIRONMENTL	74.00	74.26																												
DEDUCTIONS																														
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE																							
ALLOTMENT,SV	(1)	125.00	375.00	FGLI	CO	9.45	28.05																							
FEHB	112	122.53	353.97	MEDICARE		38.12	101.04																							
OASDI		110.42	292.66	ORG/UNION	FZOA	26.22	78.66																							
RETIRE, FERS	K	18.52	55.08	TAX PMT, VOL		100.00	300.00																							
TAX, FEDERAL		273.39	682.33	TAX, STATE	OK	148.00	394.00																							
LEAVE																														
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE																						
ANNUAL	20.50	8.00	16.00	8.00	16.00		20.50																							
SICK	4.00	4.00	8.00				12.00																							
TIME OFF AWD	16.00				16.00																									
HOLIDAY				8.00	8.00																									
BENEFITS PAID BY GOVERNMENT FOR YOU																														
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE																									
FGLI	4.73	14.04	FEHB	367.61	1061.97																									
MEDICARE	38.12	101.04	OASDI	163.00	432.03																									
RETIRE, FERS	270.90	805.66	TSP BASIC	23.15	68.86																									
REMARKS																														
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. VISIT IRS.GOV FOR INFORMATION ON FREE ELECTRONIC FILING PRETAX FEHB EXCLUSION \$ 122.53																														

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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL						1. Pay Period End 02/12/11 2. Pay Date 02/18/11		
3. Name HERRERA REYMUNDO	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.22	6. Basic OT Rate 39.33	7. Basic Pay + Locality Adj = Adjusted Basic Pay				
8. Soc Sec No ***-**-9588	9. Locality %	10. FLSA Category N	11. SCD Leave 12/12/84	12. Max Leave Carry Over 240	13. Leave Year End 12/31/11			
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment #2				
17. Tax Marital Exemptions Add'l FED M 2 0 OK H 0 25	18. Tax Marital Exemptions Add'l Taxing Authority Status			19. Cumulative Retirement FERS: 5127.46		20. Military Deposit		
21. Current Year to Date GROSS PAY 2648.64 9970.76 TAXABLE WAGES 2526.11 9494.26 NONTAXABLE WAGES 122.53 476.50 TAX DEFERRED WAGES DEDUCTIONS 945.28 3606.07 AEIC NET PAY 1703.36 6364.69			22.					
CURRENT EARNINGS								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2097.60	OVERTIME	8.00	337.04	SECOND SHIFT	80.00	157.60
ENVIRONMENTAL	56.00	56.40						
DEDUCTIONS								
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	
ALLOTMENT, SV	(1)	125.00	500.00	FEGLI	CO	9.45	37.50	
FEHB	112	122.53	476.50	MEDICARE		36.63	137.67	
OASDI		106.10	398.76	ORG/UNION	FZOA	26.22	104.88	
RETIRE, FERS	K	18.40	73.48	TAX PMT, VOL		100.00	400.00	
TAX, FEDERAL		257.95	940.28	TAX, STATE	OK	143.00	537.00	
LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	20.50	8.00	24.00	8.00	24.00		20.50	
SICK	4.00	4.00	12.00				16.00	
TIME OFF AWD	16.00				16.00			
HOLIDAY					8.00			
ADMIN					16.00			
BENEFITS PAID BY GOVERNMENT FOR YOU								
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE			
FEGLI	4.73	18.77	FEHB	367.61	1429.58			
MEDICARE	36.63	137.67	OASDI	156.61	588.64			
RETIRE, FERS	269.14	1074.80	TSP BASIC	23.00	91.86			
REMARKS								
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. VISIT IRS.GOV FOR INFORMATION ON FREE ELECTRONIC FILING PRETAX FEHB EXCLUSION \$ 122.53								

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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL						1. Pay Period End 02/26/11 2. Pay Date 03/04/11		
3. Name HERRERA REYMUNDO	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.22	6. Basic OT Rate 39.33	7. Basic Pay + Locality Adj = Adjusted Basic Pay				
8. Soc Sec No ***-**-9588	9. Locality %	10. FLSA Category N	11. SCD Leave 12/12/84	12. Max Leave Carry Over 240	13. Leave Year End 12/31/11			
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment #2				
17. Tax Marital Exemptions Add'l FED M 2 0 OK H 0 25	18. Tax Marital Exemptions Add'l Taxing Authority Status			19. Cumulative Retirement FERS: 5145.98	20. Military Deposit			
21. Current Year to Date GROSS PAY 3013.28 12984.04 TAXABLE WAGES 2890.75 12385.01 NONTAXABLE WAGES 122.53 599.03 TAX DEFERRED WAGES DEDUCTIONS 1040.69 4646.76 AEIC NET PAY 1972.59 8337.28			22.					
CURRENT EARNINGS								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2097.60	OVERTIME	16.00	675.36	SECOND SHIFT	80.00	157.60
ENVIRONMENTL	80.00	82.72						
DEDUCTIONS								
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	
ALLOTMENT,SV	(1)	125.00	625.00	FEGLI	CO	9.45	46.95	
FEHB	112	122.53	599.03	MEDICARE		41.91	179.58	
OASDI		121.41	520.17	ORG/UNION	FZOA	26.22	131.10	
RETIRE, FERS	K	18.52	92.00	TAX PMT, VOL		100.00	500.00	
TAX, FEDERAL		312.65	1252.93	TAX, STATE	OK	163.00	700.00	
LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	20.50	8.00	32.00		24.00		28.50	
SICK	4.00	4.00	16.00	8.00	8.00		12.00	
TIME OFF AWD	16.00				16.00			
HOLIDAY				8.00	16.00			
ADMIN					16.00			
BENEFITS PAID BY GOVERNMENT FOR YOU								
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE			
FEGLI	4.73	23.50	FEHB	367.61	1797.19			
MEDICARE	41.91	179.58	OASDI	179.23	767.87			
RETIRE, FERS	270.90	1345.70	TSP BASIC	23.15	115.01			
REMARKS								
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. VISIT IRS.GOV FOR INFORMATION ON FREE ELECTRONIC FILING PRETAX FEHB EXCLUSION \$ 122.53								

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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL						1. Pay Period End 03/12/11 2. Pay Date 03/18/11		
3. Name HERRERA REYMUNDO	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.22	6. Basic OT Rate 39.33	7. Basic Pay + Locality Adj = Adjusted Basic Pay				
8. Soc Sec No ***-**-9588	9. Locality %	10. FLSA Category N	11. SCD Leave 12/12/84	12. Max Leave Carry Over 240	13. Leave Year End 12/31/11			
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment #2				
17. Tax Marital Exemptions Add'l FED M 2 0 OK H 0 25	18. Tax Marital Exemptions Add'l Taxing Authority Status			19. Cumulative Retirement FERS: 5164.38		20. Military Deposit		
21. Current Year to Date GROSS PAY 3345.60 16329.64 TAXABLE WAGES 3223.07 15608.08 NONTAXABLE WAGES 122.53 721.56 TAX DEFERRED WAGES DEDUCTIONS 1127.21 5773.97 AEIC NET PAY 2218.39 10555.67			22.					
CURRENT EARNINGS								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2097.60	OVERTIME	24.00	1011.44	SECOND SHIFT	80.00	157.60
ENVIRONMENTAL	72.00	78.96						
DEDUCTIONS								
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE	
ALLOTMENT,SV	(1)	125.00	750.00	FEGLI	C0	9.45	56.40	
FEHB	112	122.53	721.56	MEDICARE		46.74	226.32	
OASDI		135.37	655.54	ORG/UNION	FZOA	26.22	157.32	
RETIRE, FERS	K	18.40	110.40	TAX PMT, VOL		100.00	600.00	
TAX, FEDERAL		362.50	1615.43	TAX, STATE	OK	181.00	881.00	
LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	20.50	8.00	40.00	8.00	32.00		28.50	
SICK	4.00	4.00	20.00		8.00		16.00	
TIME OFF AWD	16.00				16.00			
HOLIDAY					16.00			
ADMIN					16.00			
BENEFITS PAID BY GOVERNMENT FOR YOU								
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE			
FEGLI	4.73	28.23	FEHB	367.61	2164.80			
MEDICARE	46.74	226.32	OASDI	199.83	967.70			
RETIRE, FERS	269.14	1614.84	TSP BASIC	23.00	138.01			
REMARKS								
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. VISIT IRS.GOV FOR INFORMATION ON FREE ELECTRONIC FILING DFAS IS NOW ON FACEBOOK AT WWW.FACEBOOK.COM/DEFENSEFINANCEANDACCOUNTINGSERVICE PRETAX FEHB EXCLUSION \$ 122.53								

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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL						1. Pay Period End 03/26/11 2. Pay Date 04/01/11																							
3. Name HERRERA REYMUNDO	4. Pay Plan/Grade/Step WG 10 05	5. Hourly/Daily Rate 26.22	6. Basic OT Rate 39.33	7. Basic Pay + Locality Adj = Adjusted Basic Pay																									
8. Soc Sec No ***-**-9588	9. Locality %	10. FLSA Category N	11. SCD Leave 12/12/84	12. Max Leave Carry Over 240	13. Leave Year End 12/31/11																								
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION		15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION		16. Financial Institution - Allotment #2																									
17. Tax Marital Exemptions Add'l FED M 2 0 OK H 0 25	18. Tax Marital Exemptions Add'l Taxing Authority Status			19. Cumulative Retirement FERS: 5182.72	20. Military Deposit																								
21. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Current</th> <th style="text-align: right;">Year to Date</th> </tr> </thead> <tbody> <tr> <td>GROSS PAY</td> <td style="text-align: right;">2980.64</td> <td style="text-align: right;">19310.28</td> </tr> <tr> <td>TAXABLE WAGES</td> <td style="text-align: right;">2858.11</td> <td style="text-align: right;">18466.19</td> </tr> <tr> <td>NONTAXABLE WAGES</td> <td style="text-align: right;">122.53</td> <td style="text-align: right;">844.09</td> </tr> <tr> <td>TAX DEFERRED WAGES</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIONS</td> <td style="text-align: right;">1031.77</td> <td style="text-align: right;">6805.74</td> </tr> <tr> <td>AEIC</td> <td></td> <td></td> </tr> <tr> <td>NET PAY</td> <td style="text-align: right;">1948.87</td> <td style="text-align: right;">12504.54</td> </tr> </tbody> </table>				Current	Year to Date	GROSS PAY	2980.64	19310.28	TAXABLE WAGES	2858.11	18466.19	NONTAXABLE WAGES	122.53	844.09	TAX DEFERRED WAGES			DEDUCTIONS	1031.77	6805.74	AEIC			NET PAY	1948.87	12504.54	22.		
	Current	Year to Date																											
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TAX DEFERRED WAGES																													
DEDUCTIONS	1031.77	6805.74																											
AEIC																													
NET PAY	1948.87	12504.54																											

CURRENT EARNINGS					
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2097.60	OVERTIME	16.00	676.56
ENVIRONMENTAL	48.00	48.88	SECOND SHIFT	80.00	157.60

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
ALLOTMENT, SV	(1)	125.00	875.00	FEGLI	C0	9.45	65.85
FEHB	112	122.53	844.09	MEDICARE		41.44	267.76
OASDI		120.04	775.58	ORG/UNION	FZOA	26.22	183.54
RETIRE, FERS	K	18.34	128.74	TAX PMT, VOL		100.00	700.00
TAX, FEDERAL		307.75	1923.18	TAX, STATE	OK	161.00	1042.00

LEAVE							
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE
ANNUAL	20.50	8.00	48.00	24.00	56.00		12.50
SICK	4.00	4.00	24.00		8.00		20.00
TIME OFF AWD	16.00				16.00		
HOLIDAY					16.00		
ADMIN					16.00		

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	4.73	32.96	FEHB	367.61	2532.41
MEDICARE	41.44	267.76	OASDI	177.20	1144.90
RETIRE, FERS	268.26	1883.10	TSP BASIC	22.93	160.94

REMARKS
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DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL												1. Pay Period End 04/09/11																					
												2. Pay Date 04/15/11																					
3. Name HERRERA REYMUNDO			4. Pay Plan/Grade/Step WG 10 05		5. Hourly/Daily Rate 26.22		6. Basic OT Rate 39.33		7. Basic Pay + Locality Adj = Adjusted Basic Pay																								
8. Soc Sec No ***-**-9588			9. Locality %		10. FLSA Category N		11. SCD Leave 12/12/84		12. Max Leave Carry Over 240		13. Leave Year End 12/31/11																						
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION				16. Financial Institution - Allotment # 2																								
17. Tax Marital Status FED M 2 OK H 0			18. Tax Marital Exemptions Add'l 25		19. Cumulative Retirement FERS: 5201.06				20. Military Deposit																								
21. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: right;">Current</td> <td style="width: 20%; text-align: right;">Year to Date</td> </tr> <tr> <td>GROSS PAY</td> <td style="text-align: right;">2988.80</td> <td style="text-align: right;">22299.08</td> </tr> <tr> <td>TAXABLE WAGES</td> <td style="text-align: right;">2866.27</td> <td style="text-align: right;">21332.46</td> </tr> <tr> <td>NONTAXABLE WAGES</td> <td style="text-align: right;">122.53</td> <td style="text-align: right;">966.62</td> </tr> <tr> <td>TAX DEFERRED WAGES</td> <td></td> <td></td> </tr> <tr> <td>DEDUCTIONS</td> <td style="text-align: right;">1033.46</td> <td style="text-align: right;">7839.20</td> </tr> <tr> <td>AEIC</td> <td></td> <td></td> </tr> <tr> <td>NET PAY</td> <td style="text-align: right;">1955.34</td> <td style="text-align: right;">14459.88</td> </tr> </table>						Current	Year to Date	GROSS PAY	2988.80	22299.08	TAXABLE WAGES	2866.27	21332.46	NONTAXABLE WAGES	122.53	966.62	TAX DEFERRED WAGES			DEDUCTIONS	1033.46	7839.20	AEIC			NET PAY	1955.34	14459.88	22.				
	Current	Year to Date																															
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CURRENT EARNINGS																																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT																							
REGULAR PAY		80.00		2097.60		OVERTIME		16.00		673.44																							
ENVIRONMENTL		56.00		60.16		SECOND SHIFT		80.00		157.60																							
DEDUCTIONS																																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE																			
ALLOTMENT,SV		(1)		125.00		1000.00		FEGLI		C0		9.45		75.30																			
FEHB		112		122.53		966.62		MEDICARE		FZOA		41.56		309.32																			
OASDI				120.38		895.96		ORG/UNION				26.22		209.76																			
RETIRE, FERS		K		18.34		147.08		TAX PMT, VOL				100.00		800.00																			
TAX, FEDERAL				308.98		2232.16		TAX, STATE		OK		161.00		1203.00																			
LEAVE																																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE																	
ANNUAL		20.50		8.00		56.00		8.00		56.00				20.50																			
SICK		4.00		4.00		28.00		16.00		16.00				16.00																			
TIME OFF AWD		16.00						16.00		16.00				16.00																			
HOLIDAY								16.00		16.00				16.00																			
ADMIN								16.00		16.00				16.00																			
BENEFITS PAID BY GOVERNMENT FOR YOU																																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE																							
FEGLI		4.73		37.69		FEHB		367.61		2900.02																							
MEDICARE		41.56		309.32		OASDI		177.71		1322.61																							
RETIRE, FERS		268.26		2151.36		TSP BASIC		22.93		183.87																							
REMARKS																																	
YOUR PAYROLL OFFICE ID NUMBER IS 97380100 - DEPARTMENT OF DEFENSE. BUY US SAVINGS BONDS. FLTCIP OPEN SEASON: APRIL 4 THROUGH JUNE 24, 2011 TAKE AN IMPORTANT STEP TOWARD PROTECTING YOURSELF FROM THE HIGH COSTS OF LONG TERM CARE. FOR MORE INFORMATION AND TO APPLY ONLINE, GO TO WWW.LTCFEDS.COM/OS OR CALL 1-800-LTC-FEDS VISIT IRS.GOV FOR INFORMATION ON FREE ELECTRONIC FILING PRETAX FEHB EXCLUSION \$ 122.53																																	

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DEPARTMENT OF DEFENSE										1. Pay Period End 04/23/11
CIVILIAN LEAVE AND EARNINGS STATEMENT										2. Pay Date 04/29/11
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL										
3. Name HERRERA REYMUNDO		4. Pay Plan/Grade/Step WG 10 05		5. Hourly/Daily/Rate 26.22		6. Basic/OT Rate 39.33		7. Basic Pay + Locality Adj = Adjusted Basic Pay 0.00 0.00 0.00		
8. Soc Sec No ***-**-9588		9. Locality % 0.00		10. FLSA Category N		11. SCD Leave 12/12/84		12. Max Leave Carry Over 240		13. Leave Year End 12/31/11
14. Financial Institution - Net Pay TINKER FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 TINKER FEDERAL CREDIT UNION				16. Financial Institution - Allotment #2		
17. Tax Marital Exemptions Add'l Status FED M 2 0 OK H 0 25		18. Tax Marital Exemptions Add'l Status		Taxing Authority		19. Cumulative Retirement FERS: 5,219.34		20. Military Deposit		
21. Current Year to Date		22.								
GROSS PAY		2,633.60		24,932.68						
TAXABLE WAGES		2,511.07		23,843.53						
NONTAXABLE WAGES		122.53		1,089.15						
TAX DEFERRED WAGES				0.00						
DEDUCTIONS		1,426.78		9,265.98						
AEIC										
NET PAY		1,206.82		15,666.70						
CURRENT EARNINGS										
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT		
REGULAR PAY	80.00	2,097.60	OVERTIME	8.00	337.04	SECOND SHIFT	80.00	157.60		
ENVIRONMENTL	40.00	41.36								
DEDUCTIONS										
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE			
ALLOTMENT,SV	(1)	125.00	1,125.00	COMM GRN		411.02	411.02			
COMM GRN FEE		75.00	75.00	FELI	CO	9.15	84.45			
FEHB	112	122.53	1,089.15	MEDICARE		36.41	345.73			
OASDI		105.47	1,001.43	ORG/UNION	FZOA	26.22	235.98			
RETIRE, FERS	K	18.28	165.36	TAX PMT, VOL		100.00	900.00			
TAX, FEDERAL		255.70	2,487.86	TAX, STATE	OK	142.00	1,345.00			
LEAVE										
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE		
ANNUAL	20.50	8.00	64.00	0.00	56.00	0.00	28.50			
SICK	4.00	4.00	32.00	0.00	16.00	0.00	20.00			
TIME OFF AWD	16.00	0.00	0.00	0.00	16.00	0.00	0.00			
HOLIDAY	0.00	0.00	0.00	0.00	16.00	0.00	0.00			
ADMIN	0.00	0.00	0.00	0.00	16.00	0.00	0.00			
BENEFITS PAID BY GOVERNMENT FOR YOU										
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE					
FELI	4.58	42.27	FEHB	367.61	3,267.63					
MEDICARE	36.41	345.73	OASDI	155.69	1,478.30					
RETIRE, FERS	267.38	2,418.74	TSP BASIC	22.85	206.72					
REMARKS										
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Herrera, Reymundo & Herrera, Margie

Paycheck Summary Worksheet

Department Of Defense

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostic / Notes
2010-11-12	2,285.28	474.83	135.13	1,675.32	380.88	
2010-11-26	2,648.64	577.12	135.13	1,936.39	441.44	
2010-12-10	2,988.80	672.19	135.13	2,181.48	498.13	
2010-12-23	2,655.52	578.70	135.13	1,941.69	442.59	<input type="checkbox"/> Insure this is the last check issued in 2010
2011-01-07	2,262.72	445.80	135.13	1,681.79	377.12	
2011-01-21	2,307.84	454.30	148.75	1,704.79	384.64	
2011-02-04	2,751.56	569.93	148.75	2,032.88	458.59	
2011-02-18	2,648.64	543.68	148.75	1,956.21	441.44	
2011-03-04	3,013.28	638.97	148.75	2,225.56	502.21	
2011-03-18	3,345.60	725.61	148.75	2,471.24	557.60	
2011-04-01	2,980.64	630.23	148.75	2,201.66	496.77	
2011-04-15	2,988.80	631.92	148.75	2,208.13	498.13	
2011-04-29	2,633.60	539.58	148.75	1,945.27	438.95	
Hash total:	35,510.92	7,482.86	1,865.65	26,162.41	5,918.49	
DEBTOR:	35,510.92	7,482.86	1,865.65	26,162.41	5,918.49	

Housewife

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostic / Notes
Hash total:	0.00	0.00	0.00	0.00	0.00	

Herrera, Reymundo & Herrera, Margie
Deduction Summary Worksheet

By Paycheck Deduction

Paycheck Deduction	Form B22 Line Assignment	Amount	Adjustment	Net	Form B22
<input checked="" type="checkbox"/> Federal withholding tax	Taxes	573.47	0.00	573.47	573.47
<input checked="" type="checkbox"/> Insurance	Health insurance	254.13	0.00	254.13	254.13
<input checked="" type="checkbox"/> Medicare	Taxes	82.13	0.00	82.13	82.13
<input checked="" type="checkbox"/> Social security	Taxes	271.71	0.00	271.71	271.71
<input checked="" type="checkbox"/> State withholding tax	Taxes	319.83	0.00	319.83	319.83
<input checked="" type="checkbox"/> Union Dues	Mandatory payroll deductions	56.81	0.00	56.81	56.81
Monthly total:		<u>1,558.08</u>	<u>0.00</u>	<u>1,558.08</u>	<u>1,558.08</u>

By Form B22 Line Assignment

Form B22 Line Assignment	Amount
Health insurance	254.13
Mandatory payroll deductions	56.81
Taxes	<u>1,247.14</u>
Total monthly deduction(s):	<u>1,558.08</u>